U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

City

MONROE

5. Position in labor organization.

State Louisiana

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

ZIP Code + 4 71207-2567

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFUL	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
E (AUG152005)				
Mes prof				
1. File Number U - 513665	2. Fiscal Year Covered From:			
6880	1 / 1 / 2004 Through: 12 / 30 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name CHARLES W MUSSELWHITE	Name PLUMBERS & STEAMFITTERS LOCAL UNION 659			
	Labor Organization File Number 5/3665			
P.O. Box, Bldg., Room No., if any P.O. BOX 2567	P.O. Box, Building and Room Number, if any P.O. BOX 2567			
Street 1900 PINE ST.	Street 1900 PINE ST.			

City

MONROE

Louisiana

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

ZIP Code + 4 71207-2567

APPRENTICESHIP COORDINATOR

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.			
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		*			
		7.b. Amount.			
Street					
City					
State	ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the see	vina doou	mantal ban bann av	amain and have black administration and the state of the other features.
Signed Harles Wayne Musselwhite		8/10/2005 Date	318/322-4520 Telephone Number

Name of Person Filing CHARLES MUSSELWHITE	File Number U- 513665				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name JOINT EDUCATIONAL & TRAINING FUND 659	□				
Trade Name, if any:	a. Labor Organization b. Trust c. Employer				
P.O. Box, Bldg., Room No., if any P.O. BOX 2567					
Street 1900 PINE ST.	C. Limpoyer				
City MONROE					
State Louisiana ZIP Code + 4 71207-2567					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. UNION IS CO-SPONSOR OF TRAINING FUND				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing. \$47,489				
City	12.a. Nature of interest held or income received. APPRENTICE COORDINATOR SALARY				
State ZIP Code + 4					
	12.b. Amount. \$1,600				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				